

UNITED STATES DISTRICT COURT

for the

District of \_\_\_\_\_

Division \_\_\_\_\_



Rolinda Howard

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Adams Farm Living and Rehabilitation  
5100 MacKay Road  
Jamestown, N.C. 27282

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. 1:19cv240

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☐ Yes ☒ No

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Rolinda Howard  
2214 Glenside Drive  
Greensboro, N.C. Guilford  
North Carolina 27405  
334 253-5831  
Howardbelinda3@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

Robin Niles  
(former) Administrator  
5100 Mackay Road  
Gambletown  
North Carolina 27282  
(336) 855-5596

Defendant No. 2

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

Dr. Anne Alexander  
Facility Physician  
5100 Mackay Road  
Gambletown  
North Carolina 27282  
(336) 855-5596

Defendant No. 3

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

Virginia Ann Ingram  
Director of Nursing (DON)  
5100 Mackay Road  
Gambletown  
North Carolina 27282  
336 -855-5596

Defendant No. 4

Name  
Job or Title (if known)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (if known)

Cynthia Melvin  
Registered Nurse (RN)  
5100 Mackay Road  
Gambletown  
North Carolina 27282  
336 855-5596



## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☐ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

### A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

### B. If the Basis for Jurisdiction Is Diversity of Citizenship

#### 1. The Plaintiff(s)

##### a. If the plaintiff is an individual

The plaintiff, *(name)* \_\_\_\_\_, is a citizen of the State of *(name)* \_\_\_\_\_.

##### b. If the plaintiff is a corporation

The plaintiff, *(name)* \_\_\_\_\_, is incorporated under the laws of the State of *(name)* \_\_\_\_\_, and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

#### 2. The Defendant(s)

##### a. If the defendant is an individual

The defendant, *(name)* \_\_\_\_\_, is a citizen of the State of *(name)* \_\_\_\_\_. Or is a citizen of *(foreign nation)* \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.

Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

\_\_\_\_\_

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

\_\_\_\_\_

### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.



**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

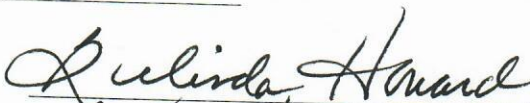
**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: \_\_\_\_\_

Signature of Plaintiff

Printed Name of Plaintiff

  
Belinda Howard

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

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that day of pain while transferring from bed to shower bed because of bedsores. Norco/ Vicodin is an allergy medication listed in Ms. Gaston's medical history and was asked by Dr. Angella Hauser, Ms. Gaston's daughter and (POA) that nurses and Dr. Alexander discontinue the Norco and replace with another medication. Dr. Angella Hauser provided medical information of experiences with the medication and facts of Ms. Gaston heart and health problems that occurs when taking the medication. The following names authorized and distributed the medication to Ms. Gaston from March 23, 2018, until her death on December 25, 2018: Dr. Anne Alexander, Virginia Ann Ingram (DON), Cynthia Melvin (RN), Lauren Lutz (RN), Mary Wirth (LPN), and Kasie Hunt (LPN). The Administrator, Robin Niles is included in the lawsuit as she allowed the misconduct and abuse of medication and personal injury to continue. We, Belinda Howard and Dr. Angella Hauser (daughters), feel the distribution of Norco, Tramadol, Neurontin, Robaxin, and Remeron) pain medication,s was an act of negligence and an over dose of medication. Unfortunately, know reverse action was taken by Dr. Alexander and eventually the dosages of Norco (Vicodin) was increased.

The following is a list of medications, meetings, and reports of abuse.

1. Norco (Vicodin) opioid medication 5/325mg), was given four times daily beginning March 23, 2018.
2. Tylenol 1000mg, given three times daily, beginning March 23, 2018.
3. C-pap machine in place but not on face to help with sleeping, beginning March 8, 2018
4. Care Plan meeting held on March 14, 2018, told Ms. Gaston was failing to thrive
5. In June and September of 2018 Belinda Howard (daughter) contacted the NC Dept of Health and Human Service, Intake Numbers NC00140323 and NC00142813) to report physical abuse towards Ms. Gaston by CNA's, and the excessive distribution of medication.
6. On November 14, 2018, stained bloody pillow case refused to be changed by Lauren Lutz (RN).



7. On March 6, 2018 the medication Robaxin was increased to 200mg even though Ms. Gaston had not previously complained of pain within the last five days.
8. During the month of March, Ms. Gaston feet were continuously smashed against the footboard of the bed resulting to sores forming on both feet as repositioning every two hours to prevent soars and infections was not administered.
9. The month of March through December of 2018, Ms. Gaston has bedsores on her bottom due to lying in bed for several days and not repositioned every two hours to prevent soars and infection by staff. Ms. Gaston passed away with bleeding bedsore on her bottom and a catheter still attached inside her.
10. In April 2018, Ms. Gaston is lethargic and confused and withdrawal from family by not communicating, excessive sleeping, and the side effects of the opioid medication. Ms. Gaston has unexplained weight loss and physical complications, which resulted in an 80-pound weight loss. Ms. Gaston's daughters, Belinda Howard and Dr. Angella Hauser feel Ms. Gaston is a victim of medication abuse.
11. During the month of April Ms. Gaston was given 50mg of Tramadol, 500mg of Robaxin, and 1000mg of Tylenol for pain daily. In addition to and extra dosage of 50mg tramadol 30 minutes prior to bandage change of her pressure soars on both feet.
12. In the month of May, Ms. Gaston became shaky and unable to feed herself or hold a cup in hand. Ms. Gaston now takes five different types of pain medication for bedsores and pressure sores on both feet. (Norco/Vicodin, Tramadol, Neurontin, Robaxin, and Remeron)
13. On May 18, 2018, Dr. Alexander stated Ms. Gaston's left foot was unsalvageable and suggested amputation.



14. On June 25, 2018, Ms. Gaston received abusive treatment by Alice a CNA. This was the CNA's second time being reported and was banned from entering Ms. Gaston's room.
15. July 31, 2018, Ms. Gaston visited Dr. Francis Wong office located at Eagle at Guilford College, 1210 New Garden Road. Greensboro, NC 27410. Ms. Gaston was seeking an outside doctor to help reduce her current medications.
16. On August 17, 2018, Dr. Price treated Ms. Gaston at Triad Foot and Ankle. Ms. Gaston was given a prescription for her infected feet. One dosage of the prescribed medication Clindamycin, 300mg, was given by Mary Wirth (LPN), and discontinued on August 10, the next day, by Dr. Alexander.
17. On August 22, 2018, Ms. Gaston visited WFU Baptist Heart and Vascular Surgery to discuss the amputation of both legs from the knee to toes.
18. On August 11, Ms. Gaston is diagnosed with pneumonia and is prescribed Omnicef 300mg every 12hrs for seven days.
19. The months of September, October, November, and December there continued to be a conversation concerning hospital visit and admissions, distribution of medication, cleanliness, physical, and verbal abuse between Belinda Howard and the administration.

### **Conclusion**

Ms. Gaston last 10 months of life was lived in being over medicated and abused at Adam's Farm Rehabilitation. Ms. Gaston was given the opioid medication Norco (Vicodin) after daughter Angella informed Dr. Alexander of past health problems that occurred when given the Norco medication. The physical abuse of allowing Ms. Gaston feet to hit against the footboard of the bed resulted in the possibility of both legs from knee to toe to be amputated. Ms. Gaston's daughter Belinda reported several incidents to the State Department of Health and Human

Services pertaining to the abuse towards Ms. Gaston and the abusive use of prescribed medication. Finally, Ms. Gaston was told she could not obtain an outside doctor then prescribed additional medication for Ms. Gaston so she would remain in a lethargic and confused state withdrawing from family until her death on December 25, 2018, at approximately 9:30pm.

**Relief**

I Belinda Howard am seeking the following:

Wrongful Death \$750,000

Negligence of distribution of medication \$300,000

Personal injury \$100,000

Emotional Stress \$100,000

Punitive Damages \$2,000,000

Signed this 1<sup>st</sup> March day of ~~February~~, 2019.

Belinda Howard

Signature of plaintiff

3314 Glenville Drive

Address

Greensboro, N.C. 27405

Telephone number

336-253-5831